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STATEMENT OF 3 AUG 19 AM 11: 29 **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. emocratic Senatorial Campaign Committee Maryland Ave NE ADDRESS (number and street) (Check if address is changed) ashington CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) compliance@dscc.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.dscc.org (Check if address is changed) DATE C 00042366 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Deanna Nesburg Type or Print Name of Treasure Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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